

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

	File with: City or Town Clerk or Election Commission
Fill in R	eporting Period dates: Beginning Date: 1/1/14 Ending Date: 12/31/14
Type of	Report: (Check one)
8th day	y preceding preliminary 🔲 8th day preceding election 🔲 30 day after election 📈 year-end report 🔲 dissolution
Ut	SSE Adams Candidate Full Name (if applicable) Committee to Elect Jesse Adam Committee Name
Git	Office Sought and District
22	8 Avaluan Rd Cuck NA Residential Address 01053 Committee Mailing Address 01053
Telephone N	Jumber (optional): Telephone Number (optional)
	SUMMARY BALANCE INFORMATION:
	Line 1: Ending Balance from previous report 1838.76
	Line 2: Total receipts this period (page 3, line 11)
	Line 3: Subtotal (line 1 plus line 2) 1838. 74
121	Line 4: Total expenditures this period (page 5, line 14)
	Line 5: Ending Balance (line 3 minus line 4) 1838.74
	Line 6: Total in-kind contributions this period (page 6)
	Line 7: Total (all) outstanding liabilities (page 7)
!	Line 8: Name of bank(s) used: Florence Savings Bank
Affidavit of C	Committee Treasurer:
activity, metu	have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance ding all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign ty of all persons acting under the output or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
	the penalties of perjury: Elbona (Treasurer's signature) Date: 1/20/17
FOR CAN	DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)
activity,	the with Committee and no activity independent of the committee that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, any liabilities nor made any expenditures on my behalf during this reporting period.
finance a	te without Committee QR Candidate with independent activity filling separate report that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign ctivity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the a finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
Signed under	the penalties of perjury: Jesse Colus (Candidate's signature) Date: 130-17



SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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ine 9: Total Receip	ts over \$50 (or listed above)		
 -	ots \$50 and under* (not listed above)		
ine 11: TOTAL RI	ECEIPTS IN THE PERIOD		- F-4 1 1' A
			Enter on page 1, line 2 include only those receipts not itemized above

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES (continued)

To Whom Paid							
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount			
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]				
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# 45#53% SHL277W				2 6/75/53			
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10 10							
			<u> </u>				
		Line 12: Expenditures over \$50	(or listed above)				
		Line 13: Expenditures \$50 and	under* (not listed above)				
	Enter on page 1, line 4	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD				
If you have item		er, include them in line 12. Line 13 s	· ·				

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE D: LIABILITIES

MGL, c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Incurred	To Whom Due Address Purp		Purpose	Amount
)
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	